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PRTF Information Inventory Task Force
3001 Mail Service Center
Raleigh, NC 27699-3001

Mr. O'Donnell

Please find attached Devereux's Georgia's PRTF Information Inventory. If you have any questions or need further information, please don't hesitate to call me at 770-427-0147, ext 2326.

Sincerely,

Debra Robinson,
Director of Quality Improvement &
Risk Management

Residential Treatment Services PRTF Information Inventory (9-7-11 draft)

		Comments
Agency Name:	Devereux GA Treatment Network	
Contact Name:	Debra Robinson	
Contact Number:	770-427-0147, ext 2326	
Site/Cottage/Facility Name:	Devereux	
Address:	1291 Stanley Rd, Kennesaw, GA 30152	
Mental Health License Number:		
Medicaid Provider Number:		
General Overview	***Provide a description of the following:***	
Accreditation Body:	The Joint Commission	
Gender(s) served:	Males ✓ Females ✓	
Number of beds per site:	Males_____ Females_____	
Staff-to-Client Ratio for Service Unit:	5:1, 4:1, 8:1 (three shifts)	
Staff Shift Pattern:	Three shifts	
Disability served:	MH & IDD	
Specialty Population: (Dual Dx, Sexually Reactive/Aggressive, IDD, Bipolar, Schizophrenia, Borderline Personality etc.)	We served mild MR IDD males, client from ages 9-21. We provide treatment for mental health Dignosis includ Axis I.	
Age range:	9-21	
IQ Requirement:	Yes ✓ No_____ If Yes, Specify in mild range	
Facility: Locked ✓ Unlocked____	Yes_____ No_____ If Yes, Specify_____	
Facility: staff secure?	Yes_____ No_____ If Yes, Specify_____	I am not sure what this question means.
Faciliity secured?	Yes ✓ No_____ If Yes, Specify_____	We have a gate around the campus.
Does the facility use restraints?	Yes ✓ No_____ If Yes, physical ✓ mechanical____	
Does the facility use seclusion?	Yes ✓ No_____ If Yes, Specify ✓	We have rooms for seclusion.
Does the facility use timeout?	Yes ✓ No_____ If Yes, Specify_____	
Does the facility accept children from out of state?	If yes, has the state ICPC office been notified? If so, how many out of state children are on site?	Yes - We serve out-of-State clients.

Agency Treatment Approach/EBP/ Promising Practice/orientation	1. Positive Behavior Support (PBS) 2. ART (Aggressive Replacement Thu	3. CBT (Cognitive Behavior Thuy. 4 TF-CBT (Trauma Focused Cognitive Behavior Thuy. 5. Substance Abuse Counselg.
What orientation does staff receive?	40 hours Classroom; 40 hrs	
Are Treatment Planning processes integrated (medical and behavioral staff recommendations)?:	Shadowing. yes	
How does Direct Care staff relate to Clinical Care Staff?	Communication is good. They strive to work together as a team.	The clinical & direct care staff work well toge in treatment team, special staffing, communicate during shift debriefg meetigs & on PBS.
Services available/array for each site:	Ind; group; family; substance abuse	
Education services provided (on-site school, day treatment, outpatient services, etc.): yes	Education; Speech; OT, activity therapy Education services are provided on Campus.	The Devereux School has SACs accreditation.
Credits Transferable:	Yes ✓ No	
Incident Reporting/Training for On-line Reporting:	Staff are trained on our internal reporting system (RADAR)	
Average Length of Stay:	3-9 months	
Do you know about the Building Bridges Initiative?	yes	
What is the agency's perspective on System of Care?	We embrace the concept of system of care and work w/ and collaborate	with other agencies & client family.
Structure and Supervision		
1. Would you characterize the level of structure and supervision provided by your program as low, moderate or high?	Interview: 1. List **types of safety monitoring** used (e.g., staff observation, video cameras). 2. Identify all **areas covered** by safety monitoring. 3. Identify **any gaps** in safety monitoring coverage. 4. Identify **corrections made or proposed** to remediate those gaps?	High - We are a PRTF therefore we provide a high level of structure & supervision.
2. What strategies do you employ in order to individualize your service(s)?	Interview: 1. List the **EBPs** and all other therapeutic interventions utilized by the PRTF. 2. List **frequency and description of staff training** pertinent to EBPs and therapeutic interventions.	As noted earlier, we utilize several EBTs: PBS, CBT, TF-CBT, ART, Substance Abuse. The staff providig the service has been trained. For example, several thuapist have attended a 6-week program on TF-CBT.

3. Describe the level of supervision and structure provided by your program to assist a child in achieving and maintaining an improved level of functioning so that the child can successfully benefit from treatment and achieve the highest level of independent functioning in order to return to their family or obtain permanent placement?	Interview: 1. Describe how **supervision** of youth is provided. 2. Describe how the level or intensity of **supervision may vary** across youth? 3. Is **supervision described as being based on individual risk and/or therapeutic need**? Yes or No. 4. Describe how **discharge plans** prepare the youth for a successful **step-down**. 5. Is the discharge plan described as including **specific goals** that need to be accomplished prior to discharge? Yes or No. 6. Describe the **involvement of the CFT** in the discharge policy.	• We have a phase system which includes 4 phases. The clients work through the phases, receiving increased responsibility. We also have what we call "special statuses." These are used to additional support & supervision as needed. These include suicide precautions, one-to-one, and formal observation - a 15 minute check-in. • We do try to identify the discharge resource at the time of admission.
4. What is the safety monitoring policy/procedure for determining the assignment of roommates?	Interview: 1. What are the characteristics that would promote or prevent **pairing of clients** as roommates? 2. What happens when characteristics of concern come to light and how is change made owing to these characteristics? 3. What are **safety monitoring practices** applicable during the day? at night?	• The physician and the Milieu Director, along with the team review room assignments to determine pairing of clients & determine if a single room is necessary. • Safety monitoring occurs every 30 minutes with a check of clients at transition times, when clients are on special status and every 15 minutes @ night.
Adjustment and Functioning		
1. Describe strategies for assisting the client in improving their interpersonal relationships at school, work and in other community activities.	Interview: 1. How does your program promote improvements in **interpersonal skills**? 2. How does your program **measure improvements** in interpersonal skills? 3. What is the frequency of **physician contact** with each youth? 4. What are the **standard physician contacts** with each youth? 5. How does the program assure access to appropriate **medical and dental care**? 6. How are daily **living skills** promoted? 7. How are they **measured**?	• Our PBS program is integrated throughout the campus - we focus on being respectful, being responsible and using self-control. In addition, clients participate in group therapy and activity therapy • Clients are seen by the NP, 24 hour nursing care, and seen by external physicians/ specialty as needed. • We have a mobile dentist that comes to the campus monthly.
2. Describe treatment interventions used to ensure that a child acquires the skills necessary to compensate or remediate skill deficits.	Interview: 1. List the **EBPs** and all other therapeutic interventions utilized by the PRTF. 2. List frequency and description of staff training pertinent to EBPs and therapeutic interventions. 3. List the **characteristics (targeted areas of functioning, age, gender, diagnoses) of the consumers** for whom the each intervention is employed.	We utilized PBS, TF-CBT, CBT, ART and activity therapy to ensure that the clients are acquiring the skills identified on their individual Treatment Plan. • All staff are trained in PBS with frequent re-fresher.

3. How are clients encouraged to interface with community supports for the development of personal resources?	Interview: 1. What **opportunities are there for children to interact** in the socially/recreationally in the community/outside the facility? 2 . Are there different opportunities available to individual consumers based on assessed needs? What **strategies/interventions are there to promote a child's successful engagement** with community activities/resources? 3. How does the agency prepare the child for **community re-entry**?	With the PBS phases, clients can attend off-campus activities such as movies, sporting events, etc. We also have Career Technology & Agricultural Education job coaches who frequently take clients off-campus.
4. Describe how your program involves the family in treatments, keeps them informed of their child's progress, and prepares them for step down as part of the discharge process.	Interview: 1. Describe **the involvement of the family/guardian/supports** in Treatment Planning? 2. Describe the involvement of the family/guardian/supports in **implementing treatment**? 3. Describe the involvement of the family/guardian/supports in **determining progress** of the plan? 4. Describe **the involvement of the Child and Family Team (CFT)** in Treatment Planning?	Our therapist provide family counseling. Family members/guardians are invited to participate in the monthly treatment reviews. In addition, we also have a monthly "Family Day."
Behavior Management		
1. Discuss your agency's basic approach to behavior management.	Interview: 1. Is there a **privilege system**? 2. Are there **different levels** in the privilege system? 3. **Describe** your privilege system. Is it in writing? 4. How is it **communicated** to youth in the faciity? 5. How does a child earn the right to move from one level to another? 6. Are privileges based on avoiding **negative behavior or on reinforcing positive behavior**?	As mentioned earlier, the PBS program has 4 different phases - (1) Safety (2) Learning (3) Practice and (4) Leadership. Each phase has the specific phase criteria and the privilges and responsibilities.
2. Describe how your program handles severe, out-of-control behavior, including verbal and physical aggression, sexually reactive, offending behaviors, self-injurious, property damage, and clients who have problems in the community.	Interview: 1. Do you **accept children who are/ have/cause**: a) severe out of control behaviors (e.g., psychosis, firesetting, animal cruelty and other antisocial behaviors) ✓ b) physically aggressive ✓ c) sexually reactive ✓ d) sexually aggressive ✓ e) offending behaviors ___ f) self injurious ✓ g) property damage ✓. 2. What **behavior management techniques** do you apply for these behaviors (as applicable)?	We look @ fire-setting on an individual basis, We look @ sexually aggressive on an individual basis. We look @ offending behaviors on an individual basis. Our behavior management techniques are taught through our "Safe : : Positive Approach (SPA) which focuses on both verbal de-escalation & physical restraints.

3. What precautions are taken to prevent harm to a child or others?	Interview: 1. What is the facility's **philosophy** regarding seclusion/restraint? 2. When/how are **staff taught to use** that philosophy? 3. What trainings have been provided to avoid using **seclusion/restraints**? 4. What seclusion/restraint trainings do staff receive? 5. What happens **after a restraint**?	• As mentioned earlier, all staff recieve 12 hours of training in our "Safe & Positive" Approach. We have re-fresher training every 6 months • We have a Restraint Reduction Oversight Committee & a Restraint Reduction Team.
Clinical Oversight		
1. Discuss how therapeutic interventions are integrated into the daily schedule of the residential program.	Interview: 1. What is the **daily schedule**? 2. Does it include free time? 3. How are **meals** handled (e.g., preparation, clean-up)? 4. What structure is provided during **transition periods**? 5. How are **therapeutic interventions integrated** into daily routines? 6. What **on site activities** are available during free time? 7. Describe how staff help youth to find their interests.	• Clients attend school & then have either group or activity things (sewing, physical activities) • Meals are provided in our Cafeteria. • The AT staff work with the clients to identify their activities.
2. Describe how a professional provides clinical oversight to the program. How many hours/week?	Interview: 1. Describe the **clinical oversight of staff** in the facility? 2. **How often** does supervision occur/**How many hours per week** is such oversight provided? 3. **Who provides clinical oversight?** 4. Is supervision **formal or informal** in nature? Describe. 5. What are **credentials** of staff providing such oversight? 6. If a QP, who supervises said QP?	Our Medical Director & Clinical Director provided clinical oversight. Therapists participate in peer supervision, supervision with the Medical Director (group supervision) and individual supervision with the psycologist.
3. How does the program assure access to the appropriate care for clients in crisis situation?	Interview: 1. Does each individual have an **individualized criis plan**? 2. How are crisis plans **individualized?** Please give an example. 3. What **crisis resources** exist internally and externally?	We have information from the clients personal safety assessment that staff are aware of. We update the risk factor assessment monthly We have on-call staff to assist in emergencies.
Referral Process		
1. What is/was the initial referral process prior to PRTF entry?	Interview: 1. Describe the involvement of the **CFT in making referrals for admission**? 2. Describe the **involvement of the family/guardian/supports in ref**erral decision making? 3. How are children referred to the the facility?	• It is different regardig where the client is referred from.

2. How is a client referred to another level of services?	Interview: 1. How is it determined that a client is ready to or should **move to another level of care**? 2. What circumstances would cause an **unplanned discharge** and who would be involved?	We work closely with foster, CRO's, insurance companies, guardians, family members regarding movement to another level of care.
3. Describe your coordination of post discharge and follow up care.	Interview: 1. Describe **post discharge** and follow up care?	Follow-up usually occurs with the Therapist.
Self Evaluation		
1. How would you characterize the type of child your program is most successful in treating?	Interview: 1. How would you characterize the **type of child your program** is most successful in treating?	Primary affective & behavioral disorders with family support.
2. What type of behaviors poses the greatest problem for program staff to manage?	Interview: 1. What type of **behaviors poses the greatest problem** for program staff to manage?	Aggression (severe) and self-injurious behaviors.